

## FILM PRODUCTION Professional Internship Request Form Undergraduate

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**FMPR 445 Professional Internship** (6 credits); **FMP446 Professional Internship I** (3 credits); **FMPR 447 Professional Internship II** (3 credits); **FMPR 451 Advanced Project Internship** (3 credits); **FMPR 452 Advanced Project Internship II** (3 credits).

*Prerequisite: written permission from the School of Cinema.*

This form is to be completed by any student wishing to undertake a Professional Internship for credit toward the BFA in Film Production program in the School of Cinema. ***The submission of this document does not guarantee that permission will be granted; permission is subject to the discretion of the cinema department, weighed by academic and professional viability.*** A BFA Film Production student employed within the film industry during the same calendar year may request that this employment be considered for internship credit and will be required to submit a complete request as outlined below.

### GUIDELINES

Each internship must be approved in advance by a full-time FMPR Faculty member and the FMPR Undergraduate Program Director (UPD). The School of Cinema must be satisfied that the work will be performed under the joint supervision of a qualified professional (Field Supervisor) and a full-time FMPR Faculty member to ensure your duties are in-keeping with the aims of the FMPR program. Your Faculty Supervisor will determine the credit value of your internship prior to the start of the project. The workload should be equivalent to a 3-credit course (45 hours per credit = **135 hours** per 3-credit course, **270 hours** per 6-credit course). A written proposal describing the project must be submitted to your Faculty Supervisor prior to the work taking place.

*NOTE: It is strictly forbidden to use University equipment or resources for work related to your Professional Internship without prior permission of the School of Cinema.*

### INSTRUCTIONS

It is the students' responsibility to submit the following documents sequentially in the following order as a SINGLE PDF **at least 7 working days before the drop/add deadline (2<sup>nd</sup> Monday after classes begin) in the term for which you are requesting internship credit.**

1. Complete this internship request form and have it signed by the full-time faculty member who has agreed to supervise your internship.
2. Complete the first section of the **Internship Agreement Form**.
3. Attach a **Project Description** of your Internship that includes the nature of the duties and activities you will undertake, the educational benefit of the project, and how you will be evaluated by your faculty supervisor.
4. Attach a **signed letter from your Field Supervisor** (on company letterhead) indicating the scope of your responsibilities and duration of the Internship, including start and end dates and the approximate total number of hours.
5. Attach a copy of your **Student Record/unofficial transcript** [downloaded from your Student Centre](#)
6. Submit this form with your faculty supervisor's signature and all accompanying documents as a single PDF in the order outlined above to the cinema office via email attachment: [cinema@concordia.ca](mailto:cinema@concordia.ca), naming the file: last name\_student number\_internship request.pdf

Within 7 calendar days you will receive an email from the Dept. Assistant indicating the status of your request and to confirm access to register.

## EVALUATION

Students are encouraged to maintain regular contact with their faculty supervisor. Students can only be evaluated through written reports at the end of the semester for which they are registered for the internship credits. The student and the faculty supervisor can agree to bi-weekly reports and/or a final report to be submitted no later than 7 calendar days after the last scheduled day of classes, before the end of the semester.

When submitting a final report to their faculty supervisor, students must attach the completed second section of the **Internship Agreement Form** and CC cinema@concordia.ca to their submission.

The report should outline the benefits of your internship to your own practice, demonstrate your understanding of the organization's social and cultural role (if it is a non-profit), as well as an analysis of the activities and functioning of the organization.

Your grade will be entered into the SIS by your Faculty Supervisor within 7 calendar days of receiving the Final Report. Grades will only be posted once all students registered for the same section have been submitted.

\*\*\* (Initial here) \_\_\_\_\_ I have read and understood the preceding guidelines above.

## COURSE INFORMATION

Have you previously completed a Professional Internship or Independent Study? Yes ☐ No ☐

**NOTE: Students cannot exceed a total of 9 combined credits between internships and independent studies. Requests will not be credited past this limit.**

I am requesting registration in Professional Internship Course Number (choose one):

### **FMPR 445 Professional Internship (6 credits)**

Term: Fall ☐ Winter ☐ Fall/Winter ☐ Full-Summer (terms 1&2) ☐ Summer term 2 ☐

### **FMPR 446 Professional Internship I (3 credits)**

Term: Fall ☐ Winter ☐ Summer term 1 ☐ Summer term 2 ☐

### **FMPR 447 Professional Internship II (3 credits)**

Term: Fall ☐ Winter ☐ Summer term 1 ☐ Summer term 2 ☐

### **FMPR 451 Advanced Project Internship (3 credits)**

Term: Fall ☐ Winter ☐ Summer term 1 ☐ Summer term 2 ☐

### **FMPR 452 Advanced Project Internship II (3 credits)**

Term: Fall ☐ Winter ☐ Summer term 1 ☐ Summer term 2 ☐

Start Date of Internship: (y/m/d): \_\_\_\_\_

Final Date for completion of work: (y/m/d): \_\_\_\_\_

**STUDENT INFORMATION****Preferred Name** \_\_\_\_\_**ID #** \_\_\_\_\_**Email** \_\_\_\_\_**COMPANY/ORGANISATION INFORMATION**NAME of COMPANY / ORGANISATION: \_\_\_\_\_  
\_\_\_\_\_**FIELD SUPERVISOR:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

Location where the work will take place: (complete address):  
\_\_\_\_\_**DEPARTMENT APPROVALS**

Full-time Faculty Supervisor (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ (y/m/d): \_\_\_\_\_

Undergraduate Program Director (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ (y/m/d): \_\_\_\_\_

Cinema Chair (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ (y/m/d): \_\_\_\_\_

## PROFESSIONAL INTERNSHIP AGREEMENT

### DIRECTIONS:

The first section of this agreement is to be filled out and signed by the **Intern (student)** and **Field Supervisor** prior to the start of the Professional Internship. The Intern must retain the original of this agreement and, one week prior to completing the Internship or the end of the semester (whichever is first), ensure the second section is completed by their Field Supervisor and submitted along with a **Final Report to the Faculty Supervisor** with the cinema office CC'd via email in one continuous PDF: [cinema@concordia.ca](mailto:cinema@concordia.ca)

**Name of Company/Institution:** \_\_\_\_\_

Type of Intern Position: volunteer ☐ paid ☐

Duration of the Internship placement: \_\_\_\_\_ days

Number of working hours (min. 135 for 3-credit Internship, 270 for 6 credits): \_\_\_\_\_

Period of Internship:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

If internship is remunerated:

Remuneration/hour : CAD \$ \_\_\_\_\_ / other currency \_\_\_\_\_

Process for claiming expenses (if applicable) \_\_\_\_\_

Mentorship and Training:

Type of mentorship and/or training (please select and specify):

- ☐ First-day orientation
- ☐ Assessment of skills
- ☐ Negotiation of tasks
- ☐ Introduction to other staff
- ☐ Written illustration of working procedures
- ☐ Oral explanation of working procedures
- ☐ Outlining of objectives
- ☐ Explanation of health and safety in the working place
- ☐ Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Objectives

To be completed by the Field Supervisor (please select and specify):

- ☐ Regular meetings
- ☐ Short written reports
- ☐ Oral reports
- ☐ Briefings with staff
- ☐ Other: \_\_\_\_\_

Name of Field Supervisor \_\_\_\_\_ Signature \_\_\_\_\_

Date (y/m/d) \_\_\_\_\_

Name of Intern \_\_\_\_\_ Signature \_\_\_\_\_

Date (y/m/d) \_\_\_\_\_

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**Internship Final Assessment**

This section is to be completed by the Field Supervisor at the end of the Internship. A report may be attached separately as an addition to the completion of this section.

1. Number of hours completed: \_\_\_\_\_

2. Main tasks:

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3. Observations/Comments:

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**Name of Field Supervisor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date: (y/m/d/):** \_\_\_\_\_